

**APPLICATION FOR REGISTRATION AS AN**  
**APPRENTICE FUNERAL DIRECTOR/EMBALMER**

FOR VALIDATION ONLY

- ☐ Apprentice Funeral Director    ☐ Apprentice Embalmer  
☐ Original Application    ☐ Reinstatement  
☐ Transfer of Registration (Must have completed training certification)

**Make remittance payable to State Treasurer.**  
**Send this application with your remittance to:**  
**Department of Licensing**  
**PO Box 9048**  
**Olympia, WA 98507-9048**

*Please type or print clearly in dark ink*

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender (F or M) \_\_\_\_\_

Address \_\_\_\_\_  
IF YOU ARE CONCERNED ABOUT PUBLIC ACCESS TO THIS INFORMATION, YOU MAY USE A MAILING OR BUSINESS ADDRESS HERE

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Daytime Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Social Security No.\* \_\_\_\_\_

*\* State law, RCW 26.23.150, requires you to furnish your Social Security Number when you apply for this license. Resident aliens, without a Social Security Number, must furnish their Individual Tax Identification Number.*

Have you ever applied for the funeral director or embalmer examination in Washington? ☐ YES ☐ NO  
 If yes, approximate date \_\_\_\_\_

Have you ever been known under any other name? ☐ YES ☐ NO  
 If yes, list name(s) \_\_\_\_\_

If this is a transfer/reinstatement application:  
 Provide full name of previous supervisor \_\_\_\_\_  
 Provide name of previous funeral home where employed \_\_\_\_\_

**Note:** The funeral director and embalmer professions are regulated under RCW 18.39. For each "Yes" response below, please attach a letter of explanation, certified copies of records and orders from the agencies concerned, decisions and statements of charges, final orders, court records or filings or convictions, and all other related documentation.

1. Within the past ten years, have you engaged in any of the conduct described in RCW 18.235.130. ☐ YES ☐ NO

2. Within the past ten years, have you been found guilty in a criminal, civil, administrative agency, professional association or certifying agency proceeding of any of the conduct described in RCW 18.235.130, or have you agreed to a stipulation or settlement in lieu of or as a result of such a proceeding? ☐ YES ☐ NO

**ATTESTATION**

I, the undersigned, certify that I am the person referred to in this application for registration as an apprentice funeral director and/or embalmer in Washington. I hereby authorize all institutions or organizations, employers (past and present), business and professional associates (past and present), and all government agencies (local, state, federal or foreign) to release to the Board of Funeral Directors and Embalmers any information, files or records requested by the board in connection with the processing of this application.

I have read RCW 18.235.130, and I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made herein by me are true and correct. **Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my registration to practice as an apprentice funeral director and/or embalmer in Washington State.**

Applicant's Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**If application information is incomplete, the application will not be processed.**



## For apprentice embalmers – to be completed by current supervisor

EMPLOYER/SUPERVISOR NAME <i>(Washington Licensed Embalmer – Last Name, First Name, and Middle Initial)</i>		
NAME OF FUNERAL HOME		
FUNERAL HOME ADDRESS <i>(Street, City, State, and Zip)</i>		
SUPERVISOR'S WASHINGTON STATE REFERENCE NO. <i>(As it Appears on License)</i>	EXPIRATION DATE	FUNERAL HOME TELEPHONE NO. (      )

I request that \_\_\_\_\_ be registered under my supervision beginning  
on \_\_\_\_\_ . I intend to place this individual under my supervision as an apprentice in training in  
accordance with Chapter 18.39 RCW.

Supervisor's Signature **X** \_\_\_\_\_

FOR OFFICE USE ONLY		
2   4   0   0   1		CERT DATE
		CERT NO.

## For apprentice funeral directors – to be completed by current supervisor

EMPLOYER/SUPERVISOR NAME <i>(Washington Licensed Funeral Director – Last Name, First Name, and Middle Initial)</i>		
NAME OF FUNERAL HOME		
FUNERAL HOME ADDRESS <i>(Street, City, State, and Zip)</i>		
SUPERVISOR'S WASHINGTON STATE REFERENCE NO. <i>(As it Appears on License)</i>	EXPIRATION DATE	FUNERAL HOME TELEPHONE (      )

I request that \_\_\_\_\_ be registered under my supervision beginning  
on \_\_\_\_\_ . I intend to place this individual under my supervision as an apprentice in training in  
accordance with Chapter 18.39 RCW.

Supervisor's Signature **X** \_\_\_\_\_

FOR OFFICE USE ONLY		
2   4   0   0   3		CERT DATE
		CERT NO.



## Apprentice embalmers training certification – transfer applicants only

If you were registered in the Embalmer Apprenticeship Program in Washington, your supervisor must complete this Certification. A Certification must be completed by each supervisor under whom you were registered.

NAME OF SUPERVISOR ( <i>Licensed Embalmer – Last Name, First Name, and Middle Initial</i> )
NAME OF FUNERAL ESTABLISHMENT WHERE APPRENTICESHIP WAS SERVED
ADDRESS ( <i>Street, City, State, and Zip</i> )
WASHINGTON STATE EMBALMER REFERENCE NO ( <i>As it Appears on License</i> )

I certify that \_\_\_\_\_  
*Name and License No. of Apprentice*  
was under my supervision as an apprentice embalmer for the period from \_\_\_\_\_  
*Month, Day, Year*  
to \_\_\_\_\_  
*Month, Day, Year* . He/she embalmed \_\_\_\_\_ human bodies under my  
supervision and completed a total of \_\_\_\_\_ hours of training.  
Supervisor's Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

## Apprentice funeral director training certification – transfer applicants only

If you were registered in the Funeral Director Apprenticeship Program in Washington, your supervisor must complete this Certification. A Certification must be completed by each supervisor under whom you were registered.

NAME OF SUPERVISOR ( <i>Licensed Funeral Director – Last Name, First Name, and Middle Initial</i> )
NAME OF FUNERAL ESTABLISHMENT WHERE APPRENTICESHIP WAS SERVED
ADDRESS ( <i>Street, City, State, and Zip</i> )
WASHINGTON STATE FUNERAL DIRECTOR REFERENCE NO. ( <i>As it Appears on License</i> )

I certify that \_\_\_\_\_  
*Name and License No. of Apprentice*  
was under my supervision as an apprentice funeral director for the period from \_\_\_\_\_  
*Month, Day, Year*  
to \_\_\_\_\_  
*Month, Day, Year* . He/she assisted in conducting funerals and assisted in the burial/final  
disposition of \_\_\_\_\_ human remains under my supervision and completed a total of \_\_\_\_\_ hours of training.  
Supervisor's Signature **X** \_\_\_\_\_ Date \_\_\_\_\_